

# Foster Family Home - Corrective Action Report

Provider ID: 1-150031

Home Name: Lodenila Ramos, CNA

Review ID: 1-150031-8

94-235 Keaukaha Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/22/2019

## Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/22/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/22/19.

6.(d)(1) - see applicable sections of the review

## Foster Family Home

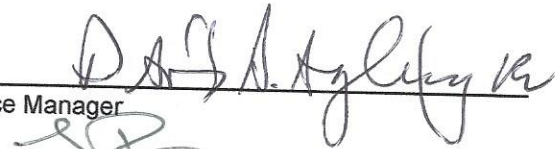
### Personnel and Staffing


[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current Blood Borne Pathogen certification for CG #5. Expired on 2/18/19.

  
Compliance Manager

  
Primary Care Giver

5/22/19  
Date

5/22/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: LODENILA RAMOS

CCFFH Address: 94-235 KEAUKAHA PLACE, WAIPIAHU HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41-(B)(8)	I received a current Blood Borne Pathogen & Infection Control certificate from SCB #5 and placed in my CCFFH binder.	5/22/19	I placed the expiration dates for all items (CPR, TB, Bloodborne) for all SCB's on my phone calendar. I set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: \_\_\_\_\_



Print Name: LODENILA RAMOS

Date of Signature: 5-22-2019